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I, Joshua Hampton (claimant) swear under the penalty of perjury, that the foregoing information is true and correct, to the best of my knowledge and belief.

**FILED
HARRISBURG, PA**

MAY 02 2019

Unreasonable Risk of Exposure

DEPUTY CLERK

Claimant concedes that it is the responsibility of the United States government, to provide a safe and healthy environment - free of unreasonable risk.

Claimant aver that the U.S. government through its employees - failed in their responsibility to claimant for the following reasons:

1. During the first week of January 2017, claimant was hired to work in the institution's "C.M.S" department;
2. On or about January 4, 2017, claimant was informed by his employer - that he was assigned to work as a "Polyurethane Sprayer" - and that if he had ANY questions, to refer to inmate Archer who was the #1,
3. On or about February 2017, ~~claimant was~~

while preparing for an "in-house inspection" - claimant was approached by GM-1 (Jones) who advised claimant, that if asked, to say that the wood shop does NOT have a spray booth or spray guns - that the wood shop does NOT spray AT ALL.

4. On or about March 2017, another "in-house inspection" was conducted. At which time C.M.S. A.I.C. (Neudhardt) advised me that if I was asked whether or not we used Polyurethane - that I was to reply, that we brushed it on, NOT spray. He added that his instructions to me were a direct order;
5. On or about Aug. - Oct. 2017, a "pre required inspection" (PREA) was conducted. Ass't. AW (Hoffman) personally advised me to NEVER SAY ANYTHING about the two spray rooms. And, that we only used brushes to apply Polyurethane. He further added that his instructions to me were a direct order;
6. Approximately two weeks later, I was again approached by AW of Safety (Hick) who requested that I build personal "Penn State Cornholders" - AND be sure that I spray Oil Based Polyurethane on them. I was also ordered

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CT Licentiate is to be sprayed spray
Oil Based Polyurethane on those as well; Also
CM.S. officers Miller AND Allen requested that
I spray all the IT, Office Desks, Cabinets,
AND other personal items such as deer Antlers
AND mementos with Polyurethane;

7. On or about March of 2018, I began to
experience very severe [REDACTED] headaches;
8. On or about June 2018, I began waking
up out of my sleep with a sore throat, gasp-
ing for air (shortness of breathing), and memory
lost. I complained to G.M.-I (Jones) that I
needed to go to medical to NC jail. Instead
informed me that he was not going to contact
medical - AND THAT if I went to medical in
my own, that I would no longer NEED med-
ical, but instead, to hospital; (See Ex.)
9. On or about July of 2018, I saw health
provider (Edinger) about three items he
wanted me to make for his office. IT WAS
AT THIS TIME THAT I informed him about
the direct orders of speaking to ANYONE
about my spraying of Polyurethane. (See Ex.)
I further explained to him that Mr. Hoffmai

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(C.M.S.), Mr. Neidhardt (C.M.S.), Mr. Jones (C.M.S.), Mr. Allen (C.M.S.), Mr. Miller (Safety), Mr. Hick (Safety), Mr. Drick (Safety), AS well AS THE GARDEN. All knew of my spraying of Polyurethane to the entire time. That I had sprayed personal items for both the Director AND Captain;

10. I sprayed Polyurethane 4 days out of a week. I would spend 30 to 45 minutes each time I sprayed. I would spray twice in the morning, and twice in the afternoon for 15 minutes. This is what I was hired to do - to spray Polyurethane in the personal items I built for staff. At times when I became sick I was not allowed to leave work.

Unreasonable Risk Of Exposure

1. The U.S. government through its employees, breached its minimized duty and became negligent, by failing to properly train claimant in the use of respiratory equipment;

Claimant contends that as a cautionary measure - claimant was to be properly trained in the use of respiratory equipment, when given it direct order to spray Polyurethane

YOS

(15) which he completed on the personal items
he built for Staff, in the wood shop in U.S.P.
Lewisburg. Plaintiff Aver that he was never
given such training. See Ex.

2) The U.S. government through its employees
breached its mandated duty and became negligi-
gent, when it failed to enforce the mandatory
requirement that claimant wear adequate
protective gear i.e., respiratory equipment.

CLAIMANT concedes that as a CUSTODIAL
measure, the government who fully based, to
have claimant wear respiratory equipment -
when forcing him to spray Polyurethane on
personal items he built for staff members.

CLAIMANT AVER THAT instead of placing
his health and safety first and foremost -
that the government instead offered threats
of retaliation to ensure their own gain
and well being.

Joshua Hampton
#31575-160
2680 Hwy 301 South
tesup. L.A. 31599

Joshua T Hampton

#31575-160

11-28-18

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CLAIM FOR DAMAGE, APPROVED INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM OMB NO. 1105-0008
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1. Submit To Appropriate Federal Agency: <i>Northeast Regional Office</i> U.S. Custom House, 7th Floor 2nd and Chestnut St Philadelphia, Pennsylvania 19106	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) <i>2680 Hwy 301 south, Resup. 6A 31599</i>
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <i>10-4-79</i>	5. MARITAL STATUS <i>N/A</i>	6. DATE AND DAY OF ACCIDENT <i>12/2017 / July 2018</i>	7. TIME (A.M. OR P.M.) <i>VARY</i>
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8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

*FILED
HARRISBURG PA*

9. PROPERTY DAMAGE <i>N/A</i>	MAY 02 2019
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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code) <i>N/A</i>	PER
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DEPUTY CLERK

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

N/A

10. PERSONAL INJURY/WRONFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDED.

See Attached Affidavit 1 hr 5 pages

11. WITNESSES

NAME <i>See Attached Affidavit 7 Pg 3 and 4 pg</i>	ADDRESS (Number, street, city, State, and ZIP Code) <i>USP Lewisburg P.A Po Box 1000 Lewisburg, P.A. 17837</i>
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12. (See instructions on reverse)	AMOUNT OF CLAIM (in dollars)
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12a. PROPERTY DAMAGE <i>N/A</i>	12b. PERSONAL INJURY <i>\$2,000,000 -</i>	12c. WRONGFUL DEATH <i>N/A</i>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) <i>\$2,000,000 - mill</i>
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAME IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Joshua Hampton #31575-160</i>	13b. Phone Number of signatory <i>N/A</i>	14. DATE OF CLAIM
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes, if yes, give the name and address of insurance company (Number, street, city, State, and ZIP Code) and policy number.

N/A

N

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance?

Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and ZIP Code)

No

N/A